# **EXHIBIT 3**

## CONSENT TO BECOME PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in this action, seeking payment of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

anvivas employed by Kaleida Health.

☐ I am/was employed by Catholic Health System.

☐ I am/was employed by Erie County Medical Center.

I am/was employed by another health institution:

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate them class representatives as my agents to make decisions on my behalf concerning the litigation, the method and manner of conducting this litigation, including the settlement therefore, the entering of an agreement with Plaintiffs' counsel concerning attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Date

P

Print Name

Consent to Opt-in 17064

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- 🗖 I am/was employed by Kaleida Health.
- ☐ I andwas employed by Catholic Health System.
- ☐ I am/was employed by Erie County Medical Center.
- M I am/was employed by another health institution: Jukeshore Hospital now TLC

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Charlene Motigakowski 1/13/08 Charlene Matyjakowski,
Signature Date Print Name

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☐ I and was employed by Catholic Health System.	
☐ I and was employed by Erie County Medical Center.	
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Mark F. John SR 1/13/08 Signature Date

Print Name

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Thannon C. autte 1/11/08 Shannon C. Ayotte
Signature Date Print Name

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□ I am/was employed by Erie County Medical Center.
I am/was employed by another health institution: Bratwood Marot
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J. Hone 01-10-08 Cynthia L. Stone

Date Print) Name